PTO/SB/06 (08-03) Approved for use through 7/31/2006. OMB 0651-0032 U.S. Palent and Tradomark Office: U.S. DEPARTMENT OF COMMERCE Under the Happework Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OME

Substitute for Form PTO-875										Annication of Docket Number			
										04/888394			
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)						olumn 2)	SMALÜ	ENTITY	OR	OTHER THAN SMALL ENTITY			
FOR BASIC FEE			NUMBE	RFILED	NUMB	NUMBER EXTRA		RATE FEE		RATE			
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		NT CLAIN	ninus] =				X \$ =		OR .	X 5 =			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$ =	ļ	OR	+ S =			
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Gentlin's Abriancia Cell - FARTA													
1-	2 -DG	(Colum	n 11		(Calumn 2)	(Column 3)	•		00	OTHER	THAN		
. ∀		CLA	IMS :		HIGHEST	(00001013)	SMALL	ENTITY	, OR	SMALL	ENTITY		
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M	Total (37 CFR 1.16(c))	3	6	Minus	39	=	x S =	_ '''			FEE		
EN	Independent (37 CFR 1,16(b))	3		Minus	~~~	:			OR	× S=			
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Φ	ĺ	CLAII REMAII			HIGHEST NUMBER	PRESENT	0.5]				
Z		AFTE AMEND	ER		PREVIOUSLY	EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL		
Ž	Total (37 CFR 1.16(c))	•	WENT	Minus	PAID FOR	-	ļ 	FEE	·	1 : 5	FEE		
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•••	If the "Highest N	lumber Pri	PYIOUSIY F	ald For	IN THIS SPACE	is less than 3, e	Nor "3".				· i		

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public, which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

CLAIMS AS FILED - PART I (Column 1) (Column 2) TOTAL CLAIMS 2 G NAMED PRICE PRICE RATE FEE		PATENT APPLICATION FEE DETERMINATION RECORD												
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* If the entry in column 1 is less than the entry in column 2, write "V" in column 3. "If the entry in column 1 is less than the entry in column 2, write "V" in column 3. "If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE OR ADDIT, FEE		Total	AMERICATION	Minus	**	20	-	<u></u>		FEE		2000	FEE	K
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